PATENT APPLICATION SE	IAL NO.
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

10/23/2003 RADOF01 00000049 100750 10688379

01 FC:1001 02 FC:1202 03 FC:1203

770.00 DA 792.00 DA 290.00 DA

01/29/2004 JBALINAN 00000134 100750 10688379

01 FC:1202

216.00 DA

PTO-1556 (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10688379

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(1 2		,,,,,,,		ı	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			Hominus 20=		* 56			X\$ 9=		OR	X\$18=	1068	
INDEPENDENT CLAIMS n				nus 3 =	* (D		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	290	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	2068	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM	L	1	+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn_2)	(Column 3)		ADDII. 1 EE 1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
MOP	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM]	+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. I CE I			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ENTC	`	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		= .	┇	X\$ 9=		OR	X\$18=		
AME.	Independent	*	Minus	***		<u> -</u>	41	X43=		OR.	X86=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	T CLAIM		┚╽	+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													